

## **EDITOR'S FOCUS**

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#### EARLY CAREER INVESTIGATOR



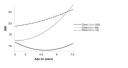
Congratulations to Cal Robinson, the Early Career Investigator for April 2023. Dr Robinson grew up in Canada, moved to the United Kingdom to complete his medical degree, and then moved back to Canada for his residency and a fellowship. He is currently an MSc candidate in clinical epidemiology and health care research at the University of Toronto Institute of Health Policy, Management, and Evaluation and a research fellow at the Hospital for Sick Children. As reported in this issue, he and colleagues analyzed the long-term cardiovascular outcomes of patients with Kawasaki disease in a large population cohort. See pages 1111 and 1267.

### IMPAIRED FETO-PLACENTAL DEVELOPMENT AND NEONATAL NEUROBEHAVIORAL OUTCOMES



In this clinical study, Andescavage and colleagues correlated the fetal MRI and placental volume findings of growth-restricted newborns with their NICU Network Neurobehavioral Scale (NNNS) assessments at term-equivalent age. They found that disrupted intrauterine fetal brain and placental growth in pregnancies complicated by fetal growth restriction is associated with altered neonatal neurobehavior. In his Comment, Shah reiterates the importance of long-term follow-up of such babies and the need for universal health care. (Photo: damircudic/Getty.) See pages 1276 and 1112.

### BMI TRAJECTORIES AND CARDIOMETABOLIC RISK AMONG LOW-INCOME MEXICAN AMERICAN CHILDREN



Perez et al. studied 322 mother-child dyads to identify distinct trajectories of BMI growth

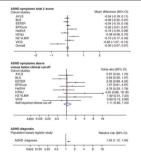
from ages 2 to 7.5 years. They identified three BMI trajectories. Among children with BMIs above the 85th percentile, three or more had cardiometabolic risk indicators. These data indicate that 16% of youth who exhibit cardiometabolic risk would be missed by standard medical practice. See page 1233.

### ASSOCIATION OF SOCIAL CONDITIONS WITH SEVERITY OF CONGENITAL HEART DISEASE



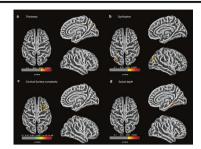
In a population study from Colombia, Forero-Manzano and colleagues applied a structured survey to 140 families of children with congenital heart disease, addressing topics related to family structure, health, economic conditions, exposure factors, and other social conditions. They found that exposure to cigarette smoke, wood smoke during pregnancy, and low socioeconomic status were main social determinants associated with the severity of heart disease. In their Comment, Claudio et al. call for reparative action on behalf of the disadvantaged children who are most impacted by environmental exposures and socioeconomic inequities. (Photo: Karin Dreyer/Getty.) See pages 1391 and 1116.

#### ADHD SYMPTOMS AND DIAGNOSIS IN ADULT PRETERMS



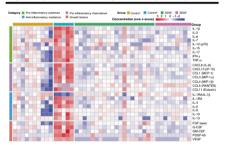
In this clinical study, Robinson and colleagues used linkage studies to systematically review ADHD in adult preterms across eight harmonized cohorts. They found that preterm-born adults did not self-report increased ADHD symptoms in individual follow-up studies but had a higher risk of ADHD diagnosis based on register-linkage studies. More work is warranted in this highrisk population. See page 1399. Check for updates

#### ALTERED BRAIN STRUCTURE IN PRESCHOOL-AGED CHILDREN WITH TETRALOGY OF FALLOT



In this clinical study in a series of 25 patients with tetralogy of Fallot, Yang et al. found that altered cortical structures (on brain MRI) in preschool-aged children correlated with both neurodevelopmental outcomes and clinical risk factors. They postulate that abnormal cortical structure may be the continuous consequence of delayed fetal brain development in children with tetralogy. See page 1321.

# SIDS IS ASSOCIATED WITH UNIQUE PULMONARY IMMUNE PROFILES



Qu et al. studied lungs from 29 SIDS cases and 15 control children to investigate a possible association with cytokines and chemokines. Several of these proteins were decreased in the SIDS cases compared with controls. These proteins increased with age in the controls but not in the SIDS lungs, indicating disturbed immune maturation. The authors conclude that the imbalance in immune response might be a factor in SIDS. See page 1239.

#### ACKNOWLEDGEMENTS

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